



Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1521 * (231) 242-1520

Do Not Fax This Form

Relinquishment

I _____, Date of Birth _____ hereby relinquish my membership with Little Traverse Bay Bands of Odawa Indians. I am relinquishing my membership for the following reasons: _____

This cancellation of my membership is made freely and voluntarily with the full understanding that I shall cease to hold membership with Little Traverse Bay Bands of Odawa Indians. I will no longer be eligible for benefits and services.

I understand that my relinquishment will become effective the day I submit this relinquishment form to the LTBB Enrollment Department.

Once removed from the LTBB Tribal Membership roll I shall not be eligible for re-enrollment for a period of five (5) years.

Please enclose your Tribal Identification card with this form.

Name

Date

Notary Public

I, _____, a Notary Public for the State of _____
County of _____ do hereby certify that _____ provided proper identification that clearly identifies the person who executed the foregoing instrument as the above named individual. Subscribed and sworn to me this ____ day of _____, 20____.

Stamp
Seal

Notary Public Signature

My Commission Expires on _____